

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535748 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			3		3		60						
11			3		3		61						
12			3		3		62						
13			3		3		63						
14			3		3		64						
15			3		3		65						
16			3		3		66						
17			3		3		67						
18			3		3		68						
19					1		69						
20					1		70						
21					1		71						
22					1		72						
23					1		73						
24					1		74						
25					1		75						
26					1		76						
27					1		77						
28					2		78						
29					2		79						
30					2		80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5		3								
TOTAL DEP.		22	22		10								
TOTAL CLAIMS		27	27		13								